

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

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12 DEC 19 PM 2:39

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Deb Fischer for US Senate

ADDRESS (number and street) PO Box 83287
Check if different than previously reported. (ACC) Lincoln NE 68508
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00498907
3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)
4. STATE DISTRICT For Candidates Only

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2) and/or Semi-annual Report
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE) and/or Semi-annual Report
July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
Special (12S) Convention (12C)
Election on M M / D D / Y Y Y Y in the State of See Line 6(b)
(d) 30-Day POST-Election Report for the: ☒ General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
Election on M M / D D / Y Y Y Y in the State of NE See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
10 18 2012 11 26 2012
July 1 - December 31

7. Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
Lobbyists/Registrants or Lobbyist/Registrant PACs 7239.00 0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ROBERT B. EVVEN
Signature of Treasurer [Signature] Date 12 06 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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